



State of Michigan
John Engler, Governor

Department of Consumer & Industry Services
Kathleen M. Wilbur, Director

Office of Financial and Insurance Services
Frank M. Fitzgerald, Commissioner

P.O. Box 30220
Lansing, Michigan 48909-7720
Toll Free (877) 999-6442
Lansing Area (517) 373-0220
Web site: www.cis.state.mi.us/ofis

November 13, 2001

Dear Officer, Partner, Managing Member or Owner:

Enclosed please find the renewal form for your 2002 Broker/Dealer registration.

Section 202(c) of the Michigan Uniform Securities Act, 265 PA of 1964, as amended, hereafter the "Act" and Rule 601.4 require that each Broker-Dealer file an annual renewal report and pay a renewal fee of \$250 for the firm and \$30 per agent by December 31st of each year. Section 204(a)(1)(H) of the Act requires that a registrant be solvent.

Section 201(d) of the Act stipulates that a Broker-Dealer registration expires on December 31st. If you fail to file the required renewal before December 31st, you must not continue to transact business in this state as a Broker-Dealer.

Please return the bottom portion of the invoice to ensure prompt credit to your renewal application.

You must file the attached renewal form and pay the renewal fee **or** submit a letter requesting withdrawal of the registration for Michigan by **December 31, 2001**.

Following is a checklist of the documents that you must file with the Office of Financial and Insurance Services by December 31, 2001:

- **Completed renewal form, or signed and notarized by an officer, partner, managing member or owner of the registrant.**
- **\$250 for the firm and \$30 per agent.**
- ** A check for \$150 payable to the State of Michigan.**
- ** Bottom portion of the invoice.**

Please send the above to: Division of Licensing
611 West Ottawa, 2nd Floor
Post Office Box 30220
Lansing, Michigan 48909-7720

If you have any questions, please contact us at 1-877-999-6442.

Sincerely,

Edward A. Quenby
Deputy Commissioner
Licensing

Enclosure: Broker-Dealer Renewal

Broker-Dealer Renewal

**DUE ANNUALLY on or before
December 31st of the current year**

Broker-Dealer Name			Number Assigned by Michigan (Not the CRD Number) NON-	
Address <input type="checkbox"/> Check if this is a new address			Tax ID number (FEIN)	
City	State	Zip		
Contact person's name and title			Does Broker-Dealer maintain Michigan Branch Office(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a list of Michigan Branch Office locations	
Contact person EMail address			Contact person telephone number	

I, being sworn, state that I have executed this Renewal on behalf of and with the authority of the Registrant Broker-Dealer.
I further state that the information contained herein, including exhibits and attachments, is current, true, and complete.

All Form BD amendments must be sent directly to this office. I represent that all information on file with the Division of Licensing, Office of Financial and Insurance Services Department of Consumer and Industry Services is accurate and complete. If the information is not accurate, I have attached the current amendment to the Renewal.

I understand that Michigan requires broker-dealer audited financial statements to be submitted within 90 days from the end of the firm's fiscal year and another unaudited financial statement with net capital computation as of a date six (6) months after the audited statement.

Signature of Officer, Partner, Member or Sole Proprietor	Date signed	Signer's name and title typed or printed
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Certification of Notary Public

State of _____ County of _____
On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____

_____ personally known to me or proved to me through government-issued documentary evidence in the form of _____

_____ to be the person who signed the preceding or attached document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.

Official seal and signature of notary

RETURN COMPLETED APPLICATION TO:
Office of Financial and Insurance Services
Division of Licensing
P.O. Box 30220
Lansing, Michigan 48909-7720

Issued under the authority of P.A. 265 of 1964, as amended. Failure to file this form will result in the revocation of your registration.

